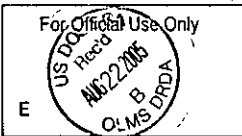


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12700</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Bob G Hastings, Jr.</u> P.O. Box, Bldg., Room No., if any Street <u>1728 Constitution Pk.</u> City <u>Rockford</u> State <u>IL</u> ZIP Code + 4 <u>61103-2038</u>	4. Name, file number, and address of labor organization. Name <u>UAW Local 23</u> Labor Organization File Number <u>007-224</u> P.O. Box, Building and Room Number, if any Street <u>4525 Boeing Drive</u> City <u>Rockford</u> State <u>IL</u> ZIP Code + 4 <u>61109</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Bob G. Hastings Jr.

On 8/2/05  
Date

815-397-0350  
Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name National Investment Services, Inc  
 Trade Name, if any:   
 P.O. Box, Bldg., Room No., if any   
 Street 737 North Michigan Ave Suite 1520  
 City Chicago  
 State IL ZIP Code + 4 (606) 6653

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Rockford Pipe Trades Industry Pension Fund  
 Trade Name, if any:   
 P.O. Box, Bldg., Room No., if any   
 Street 4525 Boeing Dr  
 City Rockford  
 State IL ZIP Code + 4 61109

11.a. Nature of such dealing.

The Pension Trust & Health Welfare Trust pays National Investment Services to manage Plan Assets

11.b. Approximate dollar value of such dealing.

\$17,122

12.a. Nature of interest held or income received.

Sporting Event

12.b. Amount.

\$103.74

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
 Trade Name, if any:   
 P.O. Box, Bldg., Room No., if any   
 Street   
 City   
 State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.